Scientist-in-Residence-Program

APPLICATION FORM SIR-scholarship 2028

Personal details

First name

Last name

Address (street, ZIP code, town, country)

Birth date (DD/MM/JJJJ)

Birth place/Birth country

Citizenship

Mobile phone

E-Mail address

Education

Academic title

Name of university

Date of academic degree

Current professional activity

Bank details

Bank name

Account holder

IBAN

BIC

Details about research stay

Knowledge institution

Contact person

Desired month

Alternative month

E-Mail address of contact person

Please note the following

- Further information can be found in the current call for tenders: https://www.stadt-salzburg.at/kultur/sir/
  The application must be accompanied by the documents specified in the tender.

- We explicitly want to point out the **data protection declaration of the City of Salzburg** at https://www.stadt-salzburg.at/datenschutz/

Further information

You can reach us at:

Stadt Salzburg, MA 2 – Kultur, Bildung und Wissen
(culture, education and knowledge)
Mozartplatz 5, PO Box 63
5020 Salzburg
Austria
kultur.bildung.wissen@stadt-salzburg.at
+43 662 8072 3426

Signature of application

Place and date

Digital or handwritten signature